

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000027883

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: PARKE MEDICAL SUPPLY INC.

Current Principal Place of Business:

3500 NW BOCA RATON BLVD
STE 814-P
BOCA RATON, FL 33431

Current Mailing Address:

3500 NW BOCA RATON BLVD
STE 814-P
BOCA RATON, FL 33431

New Principal Place of Business:

1072 SOUTH POWERLINE ROAD
ATTN: CORP. DEPT.
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

1072 SOUTH POWERLINE ROAD
ATTN: CORP. DEPT.
DEERFIELD BEACH, FL 33442 US

FEI Number: 59-3502227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVERY, K
3500 NW BOCA RATON BLVD
STE 814 - P
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

SAVERY, K
1072 SOUTH POWERLINE ROAD
ATTN: CORP. DEPT.
DEERFIELD BEACH, FL 33442 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: K. SAVERY

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAVERY, K.
Address: 3500 NW BOCA RATON BLVD STE 814P
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAVERY, K.
Address: 1072 SOUTH POWERLINE ROAD, CORP. DEPT.
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. SAVERY

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date